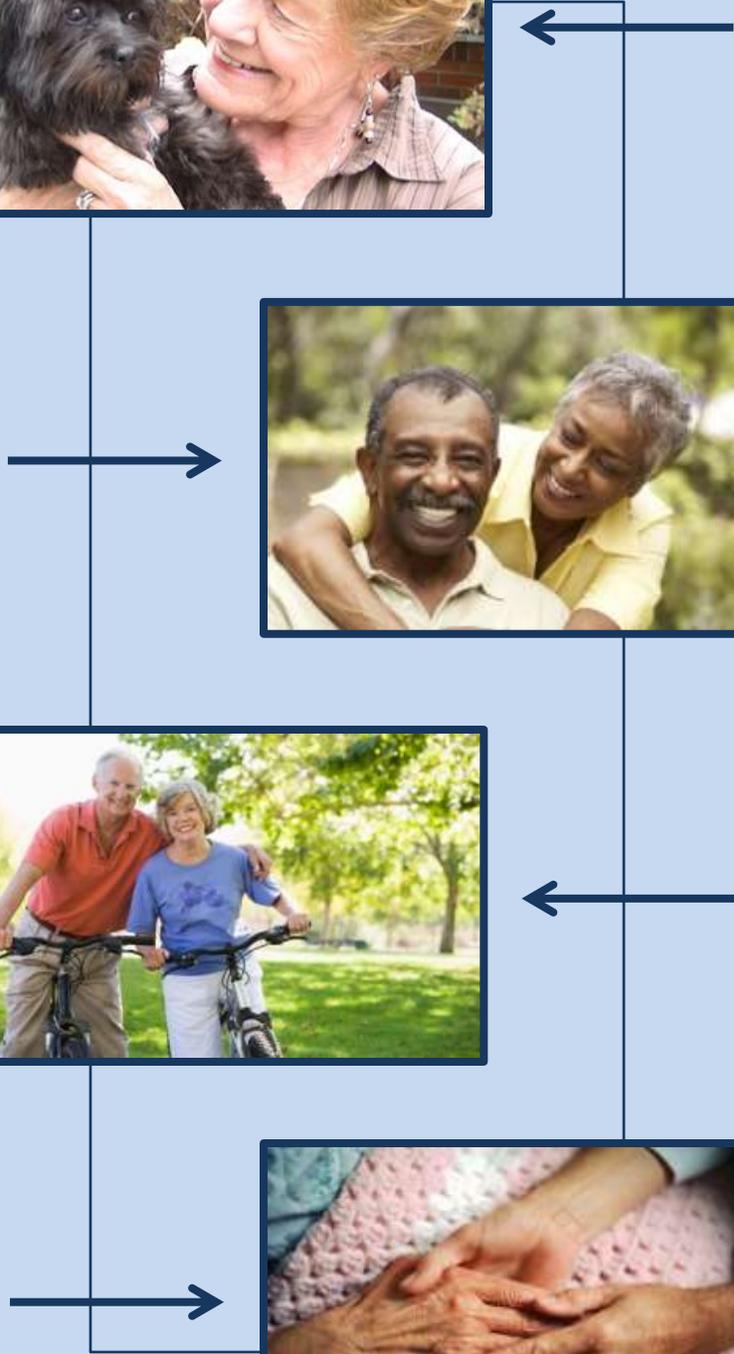


Medicare Supplement Guide

Kentucky Department of Insurance





Commonwealth of Kentucky

Public Protection Cabinet

Department of Insurance

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Medicare Supplement Guide

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About This Consumer Guide

Medicare is a federal health insurance program for people age 65 or older, younger people with disabilities and people with end-stage renal disease (permanent kidney failure requiring dialysis or transplant). Medicare supplement insurance (also referred to as Medigap) is designed to supplement Medicare's benefits and is regulated by federal and state law.

The Kentucky Department of Insurance offers this consumer guide to assist consumers in their search for supplemental insurance. It provides a list of all companies marketing Medicare supplement policies in Kentucky along with what plans are offered by each company and their contact information.

For helpful information related to this decision, please refer to the Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare, a publication from the Centers for Medicare and Medicaid Services (CMS). This guide is available from the Department of Insurance by calling 800-595-6053, TDD users 800-648-6056, or on the CMS website: www.medicare.gov.

As you begin searching for company choices, it is important to recognize that some companies offer this insurance throughout Kentucky and other companies offer plans only in certain areas of the state.

Decide what type of plan you want. You have the choice of 11 standardized Medigap plans, including a high-deductible plan and those plans offered as "select" plans (plans operating with network requirements).

Although the benefits are identical for standardized Medigap plans, the premiums may vary greatly from one company to another and from area to area.

Insurance companies use three different methods to calculate premiums: issue age, attained age, and community rating. If the company uses the issue age method, your premium will not increase as you age. If it uses the attained age method, your premium will automatically increase as you age. Under the community rating method, everyone pays the same premium regardless of age. Insurers may file for rate increases with any of these rating methods. All rates and rate increases must be approved by the Kentucky Department of Insurance before they may be used by the insurer.

Once you narrow down the companies offering the plan(s) you are interested in, call or access their website for more information and/or to enroll, or contact a local insurance agent. We have included contact information for each company.

Disclaimer: Some insurance companies submit their rates to the Kentucky Department of Insurance. You can access limited rating information for these companies on our website. These companies are responsible for accuracy. Please be aware that rates are subject to change. You should contact the company or a local insurance agent to verify rates.

Explanation of Medigap benefits

These are 2017 amounts.

Part A Inpatient Hospital Deductible:

This amount may change annually, but must be paid at the time of the first admission during a benefit period.

- \$1,316 deductible for each benefit period
- Days 1-60: \$0 coinsurance for each benefit period
- Days 61-90: \$329 coinsurance per day
- Days 91 and beyond: \$658 coinsurance per each “lifetime reserve day” (see “Some Terms to Know” on p. 8) after day 90 for each benefit period (up to 60 days over your lifetime)

Part A Skilled Nursing Facility

Coinsurance: For the first 20 days Medicare pays in full. During days 21-100, there is a \$164.50 per day co-payment that must be paid by the patient.

Part B: The premium for most seniors is \$109 per month. (Under certain circumstances, the Part B premium will be \$134.) The deductible is an annual payment that the patient must pay prior to receiving benefits offered by Part B. It is currently \$183.

Foreign Travel Emergency: This benefit pays for emergency care outside the United States beginning the first 60 days of each trip. There is a \$250 deductible, then the benefit pays 80 percent of the cost, up to \$50,000 in your lifetime.

Part B Excess Charges: This provides coverage for Part B excess charges when the physician fees are more than Medicare will pay. Physicians who accept assignment will not charge more.

Prescription Drugs: Standardized Medigap policies no longer provide coverage for prescription drugs.

Medicare Advantage Plans Available in Kentucky

Medicare Advantage Plans are health plan options that are available through Part C of the Medicare program. If you join one of these plans, you generally obtain all of your Medicare-covered health care through that plan, rather than Medicare. This may include prescription drug coverage and other benefits not traditionally covered such as vision, dental, etc. Medicare Advantage Plans include: Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), Fee-for-Service (FFS) plans, Private Fee-for-Service (PFFS) plans, Medical Savings Account (MSA) plans or Medicare Special Needs plans. These plans are regulated by the federal government.

When you join a Medicare Advantage Plan, you use your health insurance card as proof of insurance to obtain your health care benefits. You may have to see doctors who belong to the plan or go to certain hospitals to get services.

To join a Medicare Advantage Plan, you must have Medicare Part A and Part B. You still will be required to pay your monthly Medicare Part B premium. You also might have to pay a monthly premium to your Medicare Advantage Plan.

There is an annual open enrollment period every year to enroll or change Medicare Advantage (Medicare Part C) and Prescription Drug (Medicare Part D) plans.

This period is from October 15 to December 7 with coverage beginning on January 1.

If you join a Medicare Advantage Plan, you cannot use your Medigap policy. This means your Medigap policy won't pay any deductibles, co-insurance, or other cost-sharing under your Medicare Health Plan. Therefore, you may want to drop your Medigap policy if you join a Medicare Advantage Plan. However, you have a legal right to keep the Medigap policy.

For more updated information about Medicare Advantage plans and where these plans are offered, call 800-MEDICARE (800-633-4227) or go to the www.medicare.gov website. (Look for the *Medicare & You* publication.)

Tips for Purchasing Medigap Insurance

- It is illegal for insurers to sell a consumer more than one Medigap policy.
- When applying during your open enrollment or guaranteed issue period you are not required to answer any health questions (including tobacco use or height and weight) and the insurance company is required to provide you the best available rate.
- When you are outside an open enrollment or guaranteed issue period, be sure to answer all health questions accurately.
- When replacing your existing policy, do not cancel the old one until the new one is in force. Be sure to state in the application that you wish to replace your old policy.
- Individuals who qualify for a Medigap plan under the age of 65 are not provided an open enrollment period or guarantee issue policy until turning 65. Insurers must make plans available upon request for those individuals to apply; however, you may be underwritten or even denied coverage based on underwriting.
- An insurance company cannot make you wait for coverage to start, but in some cases, the insurance company can refuse to cover your out-of-pocket costs for pre-existing conditions for up to six months. This is called a pre-existing condition waiting period.
- Remember that you have a 30-day "free look" period during which you can return the policy for a full refund.
- Never pay in cash. When purchasing a policy, make the check payable to the insurance company. When purchasing a policy from an agent, get addresses and telephone numbers for both the agent and company.
- Policies sold after 1992 are standardized. This means a Plan F from one company will have the same benefits as a Plan F from another company. Policies issued prior to 1992 may differ somewhat from company to company.
- Effective June 2010, the Medicare Improvements for Patients and Providers Act (MIPPA) made changes to Medicare supplement policies including adding more benefits, eliminating four plans and creating two new ones.

Medicare Prescription Drug Plans

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 added a new prescription drug program to Medicare, which became available to Medicare beneficiaries in 2006. All people with Medicare are eligible to enroll in plans that cover prescription drugs.

You have a seven-month enrollment period in which to enroll in Medicare Part D, beginning three months prior to becoming eligible for Medicare. If you do not sign up when you are first eligible, you may pay a penalty if you sign up at a later date. In some situations, you can delay enrolling in Medicare Part D without having to pay a penalty. If you delay enrollment because you had prior creditable coverage and that plan terminates, then you would be permitted a special enrollment period. However, you should act promptly. An example of creditable coverage would be if you have group health coverage through your employer that provides prescription coverage as good as or better than Part D. A few other circumstances would also allow you to enroll outside the enrollment window, such as being covered by Medicaid, qualifying for extra help, or if you are in a nursing home. Call 800-MEDICARE (800-633-4227) or visit www.medicare.gov for more information.

Extra help is available for people with low incomes and limited assets. Most significantly, people with Medicare who have incomes and assets below a certain level may qualify. If you qualify, a portion or all of your Part D premiums will be paid for you. You may even qualify for a better

benefit. Call your local Social Security Office or visit www.ssa.gov for more information.

There is an annual open enrollment period every year to enroll or change Medicare Advantage (Medicare Part C) and Prescription Drug (Medicare Part D) plans. This period is from October 15 to December 7 with coverage beginning on January 1.

Obtaining Prescription Drug Coverage

In addition to enrolling in a Part D or Medicare Advantage plan, some people obtain prescription drug coverage through their employer or TRICARE, a program of the Department of Defense.

Formulary

When choosing a Part D plan, it is important to make sure your prescription drugs are covered since not all drugs are covered by each plan. Each plan develops its own list of covered drugs, called a formulary, which must include more than one drug in each classification.

Questions About Medicare?

For the latest information about Medicare, visit www.medicare.gov or call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048. To get a copy of this information in Spanish, call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048. You also can obtain assistance by calling the State Health Insurance Assistance Program (SHIP) at 877-293-7447.



People under the age of 65 might be eligible for Medigap insurance due to disability or other conditions; however, the plans might be subject to underwriting.

MEDICARE SUPPLEMENT PLAN CHOICES ON OR AFTER JUNE 1, 2010

A	B	C	D	F***	G	K	L	M	N
Basic Benefit (Part B = 100%)	Basic Benefit (Part B = 50% and 50% of blood)	Basic Benefit (Part B = 75% and 75% of blood)	Basic Benefit (Part B = 100%)	Basic Benefit (Part B = 100%) except for \$20 office visit co-pay and \$50 co-pay for ER visit					
	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance (50%)	Skilled Nursing Coinsurance (75%)	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance				
	Part A Deductible	Part A Deductible (50%)	Part A Deductible (75%)	Part A Deductible (50%)	Part A Deductible				
	Part B Deductible	Part B Deductible		Part B Deductible					
	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Part B Excess (100%) Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						\$4940 max out of pocket (2014)	\$2470 max out of pocket (2014)		

*There is a separate deductible of \$250 for the foreign travel emergency.

**Plans K and L – After you meet the out-of-pocket yearly limit and your Part B deductible, the plan pays 100% of covered services for the rest of the calendar year.

***Plan F has a high deductible option (HdF). You pay the first \$2140 (2014) before the plan pays any benefits.

Basic Benefits: (Included in all plans. Some plans only cover a percentage of the basic benefits. Differences noted in chart.)

- **Inpatient Hospital Care:** Covers the Part A coinsurance (your share of costs for 150 days in the hospital) and the cost of 365 extra days of hospital care during your lifetime after Medicare coverage ends.
- **Medical Costs:** Covers the Part B coinsurance (generally 20% of the Medicare approved payment amount) or co-payment amount which may vary according to the service.
- **Blood:** Covers the first 3 pints of blood each year.
- **Hospice:** Included as a basic benefit.

Part A – Hospital Insurance

Eligible at age 65

No charge for this part of Medicare

Provides hospital coverage

Medicare Supplement

11 standardized plans (A-D, F, HdF, G, K-N)

Sold by private insurance companies to fill the gaps in Medicare

Not all companies offer all plans

In addition to the Part B premium

Must have Parts A and B to obtain supplement

Higher cost sharing options available at lower premiums

Medicare supplement helps you to:

Lower your out-of-pocket cost

Get more health care coverage

Part B – Medical Insurance

Eligible when you have Part A

Monthly cost usually deducted from Social Security check

This is NOT a Medicare supplement, but part of Medicare

Provides for medical coverage

Frequently Asked Questions

Q: What is Medigap insurance?

A: This product is sold by private insurance companies to help fill the gaps in Medicare coverage. Medicare is provided by the federal government. All of the information in this guide relates to the supplemental policies sold by private insurance companies.

Q: What is Medicare SELECT?

A: This is one type of Medigap plan where you can choose from Plans A-D, F, HdF, G, K-N but you agree to use a restricted network of participating providers to get your full benefits. The exception to using this network is in an emergency for covered services.

Q: How can I obtain information about where Medicare Advantage and Prescription Drug plans are offered?

A: Go to www.medicare.gov for more information about this plan or call 800-MEDICARE (800-633-4227).

Q: What do you think of Medicare Advantage plans? Should I enroll in one?

A: This department cannot offer opinions or rate HMOs or insurance companies. Consider your needs and what's best for your health when making this decision. Medicare Advantage plans are regulated by the Centers for Medicare and Medicaid Services (CMS). Medicare Advantage plans typically offer HMO, PPO, FFS or PFFS plans.

Q: Which Medigap policy is best? Do you rate them?

A: By law, the Kentucky Department of Insurance cannot rate policies. However,

A.M. Best Company does provide financial rating information. The A.M. Best ratings are found at many public libraries and may be accessible by your insurance agent. You can do a ratings search through its Web site, www.ambest.com.

Q: Why are my choices limited to specific companies and certain plans?

A: Private insurance companies have made business decisions regarding where to offer coverage. These areas of coverage are decided by county or ZIP code. Regarding the choice of plans, insurers must offer Plan A, but all others are optional. If a company offers more than Plan A, it must also offer at least Plan C or Plan F as well.

Q: What is the TRICARE for Life program for military retirees?

A: TRICARE for Life is a program for Medicare-eligible, uniformed services beneficiaries age 65 and older, that acts as a second payer to Medicare. Eligible individuals must be enrolled in Medicare Part A and Part B and have a current U.S. Uniformed Services ID card. The program has no annual premium, and pays all Medicare co-payments and deductibles. In addition, the TRICARE Senior Pharmacy program provides coverage not available under Medicare. For more detailed information call toll free 888-DOD-LIFE (888-363-5433) or the regional number 866-773-0404 or visit www.tricare.osd.mil/tfl/.

Some providers may not file claims on Medigap insurance. It is your responsibility to make sure claims are filed.

Some Terms to Know

Cost Sharing – This indicates what portion of the charge is covered by Medicare, a Medigap plan or the amount paid by the consumer.

Formulary – This is a list of certain kinds of prescription drugs that a Medicare drug plan will cover, subject to limits and conditions.

Guaranteed Issue Rights – These are rights you have in certain situations when insurance companies must offer you certain Medigap policies. In these situations an insurance company must sell you a Medigap policy, cover all pre-existing health conditions and provide the best available rate.

Lifetime reserve days – These are additional days that Medicare will pay for when you're in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

Medicare – This is a federal insurance program for people age 65 and older, certain disabled people under 65, and certain people with permanent kidney failure.

Medicare Advantage – These plans receive a prepaid monthly sum from the federal government to provide care. The benefits include services available under Medicare. The insurance company or HMO will provide all your benefits instead of Medicare. Medicare Advantage typically offers an HMO, PPO or FFS/PFFS plan. These plans are regulated by the Centers for Medicare and Medicaid Services (CMS), **not** the Kentucky Department of Insurance.

Medicare Health Maintenance Organization (HMO) – In a Medicare HMO plan, you receive benefits from an insurance company, not from Medicare. These plans do not provide standardized Medigap coverage. Enrollees must use a restricted provider network within the health plan. Many of these plans provide

additional benefits such as prescription drugs, vision, dental and hearing care.

Medicare Preferred Provider Organization (PPO) – Medicare Advantage plan choices have expanded to include regional PPO plans. Regional PPOs offer more choices for Medicare health coverage. PPOs can help you save money by choosing from doctors and providers on a plan's "preferred" list, but usually don't require you to get a referral.

Medicare Fee-for-Service (FFS)/Private Fee-for-Service (PFFS) – These are health care plans offered by private insurance companies. The insurance company, rather than the Medicare program, decides how much it pays and how much you pay for services. These plans typically do not restrict you to a provider network.

Medigap Insurance – This is also known as Medicare supplement insurance. This insurance pays for coverage not provided by Medicare. Medigap insurance is not a duplication of Medicare and may pay part of the deductibles, co-insurance, services and expenses not covered by Medicare.

Medicare SELECT – These are standardized Medigap plans with restricted provider networks. You must go to a participating provider network, except in emergency situations.

Open Enrollment – This is a six-month period beginning on the first day of the month in which you turn 65 and are enrolled in Medicare Part B. If you are covered by your employer's health coverage and turn 65, your enrollment in Medicare Part B can be delayed until you retire. Keep in mind that if you are covered by a small employer group of less than 20 employees, Medicare is primary and would pay benefits before your employer plan would. If you have a small group employer plan be sure that it will cover what Medicare would have covered if you do not enroll in Part B.

Choosing Your Plan

Now that you have a list of available companies and plans they offer, you can use the following pages to assist in narrowing down your choices.

What plan(s) am I interested in? *Mark all that apply.*

- Plan A Plan B Plan C Plan D
- Plan F Plan G Plan K Plan L
- High deductible F Plan M Plan N

To assist you in selecting the plan most suitable for your situation, refer to the *Chart of standardized Medigap plans* (page 6) in this book.

What rating method does each company use?

Companies have three different ways of determining a price for your policy based on age. Rates also may vary by gender, area where you live or whether you smoke.

- **Community rating:** The premium is the same for all customers who buy this policy, regardless of age. A few companies offer discounts if you apply within the first few years after turning 65.
- **Issue age:** Premiums are calculated based on your age at the time of purchase. Premiums may increase because of health care inflation or claims experience, but not because you get older.
- **Attained age:** Your initial premium is based on your age at the time of purchase. However, as you get older, your premiums will automatically increase.

Remember, any of these methods will probably cause rates to rise over time due to health care inflation and claims experience. Increases must be approved by the Department of Insurance, with the exception of the automatic age-related rate increase in attained age policies.

My preference: Community Issue Attained

Which companies offer discounts?

Companies may offer discounts for nonsmokers (outside of an open enrollment or guaranteed issue period), members of military groups, automatic bank draft or electronic fund transfer payments, etc. Be sure to factor in those that apply to your situation.

Discounts I would qualify for: _____

Is the policy guaranteed issue or underwritten?

If a policy is guaranteed issue, this means you cannot be turned down. Underwritten means a company will consider your medical history in determining whether or not to issue a policy to you. The separate Medicare guide, *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*, provides more details, if needed, about guaranteed issue.

My preference, if applicable: Guaranteed Issue Underwritten

What is the company’s marketing approach?

Some companies sell directly to the consumer (direct mail) while others sell through a network of agents. In most cases, you will want to contact the company for more information.

My preference: Agent Direct Mail

What about pre-existing condition exclusions?

Again, review the Medicare material to see if this applies to you.

Will this affect my decision? Yes No

You can reach the federal government’s Medicare office at 800-MEDICARE (800-633-4227) or its website: www.medicare.gov.

You can reach the Kentucky Department of Insurance at 800-595-6053 (KY only). The deaf or hard-of-hearing can call 800-648-6056 (TDD) or visit our website at <http://insurance.ky.gov/>.

Aetna Life Insurance Company: Plans A, B, F, G, N
800-345-6022; www.aetnamedicare.com

Aetna Health and Life Insurance Company: Plans A, B, F, HDF, G, N

American Automobile Association (AAA): Plans A, B, F, G, N
800-264-4000

American National Life Insurance Company of Texas: Plans A, F, G
888-290-1085; www.standard.marketing@slaico.com

American Republic Corp Insurance Company: Plans A, F, HdF, K, L
866-319-5213; www.americanrepublic.com

American Republic Insurance Company: Plans A, F, HdF
866-705-9100; www.americanrepublic.com

American Retirement Life Insurance Company: Plans A, F, HdF, G, N
866-459-4272; www.arlic.csbfieldcomm.com

Americo Financial Life and Annuity Insurance Company: Plans A, F, G, N
800-231-0801; www.americo.com

Anthem Health Plans of Kentucky: Plans A, F, G, N;
Select Plans F, G, N
855-306-4542; www.anthem.com

Bankers Fidelity Insurance Company: Plans A, F, HdF, G, K, N
866-458-7505; www.bflic.com/MedicareSupplementInsurance.aspx

Bankers Fidelity Assurance Company: Plans A, F, HdF
866-458-7505; www.bflic.com/MedicareSupplementInsurance.aspx

Central States Indemnity Company of Omaha: Plans A, B, C, F, G, N
855-664-5517; www.csi-omaha.com

Cigna Health & Life Insurance Company: Plans A, F, HdF, G, N
866-459-4272; www.cinga.com

Colonial Penn Life Insurance Company: Plans A, B, F, HdF, G, K, M, N
800-800-2254; www.bankers.com/products/medicare-supplement-insurance/

Combined Insurance Company of America: Plans A, F, G, N
800-544-5531; www.combinedinsurance.com/medicare-supplement-insurance/index.aspx

Coventry Health and Life Insurance Company: Plans A, B, F, G, N
800-431-1211

CSI Life Insurance Company: Plans A, F, G, N
866-644-3988; www.csi-omaha.com

Equitable Life & Casualty Insurance Company: Plans A, F, G, N
877-358-4060; www.equilife.com

Everest Reinsurance Company: Plans A, C, D, F, G, N
844-301-0395; www.everestre.com/medicaresupplement

First Health Life and Health: Plans A, B, F, G, N
800-264-4000; www.aetnaseniorproducts.com; and www.aetna.com

Forethought Life Insurance Company: Plans A, C, F, G, N
317-223-2700; www.forethought.com/medicareSupplement

Gerber Life Insurance: Plans A, F, G
954-384-8647; www.medicare supplementspecialists.com/gerber.html

Globe Life & Accident Insurance Company: Plans A, B, C, F HdF
888-678-3403; www.globecaremedsupp.com

Government Personnel Mutual Life Insurance Company: Plans A, C, F, G, N
866-800-5566; www.maturehealthcenter.com

Guarantee Trust Life Insurance Company: Plans A, C, F, G, N
800-338-7452; www.gtlic.com

Humana Insurance Company: Plans A, B, C, F, HdF, K, L, N;
Innovative Benefit Plans A, F, HdF, K, N
866-945-4481; www.humana.com/medicare/products-and-services/supplement/

Individual Assurance Company Life, Health & Accident: Plans A, F, G, N
888-524-3629

Liberty Bankers Life Insurance Company: Plans A, F, G, N
844-770-2400; www.libertybankerslife.com

Liberty National Life Insurance Company: Plans A, B, F, HdF, N
205-325-4979; www.libertynational.com

Loyal American Life Insurance Company: Plans A, B, C, D, F, G, N
954-384-8647; www.medicare supplementspecialists.com/loyal-american.html

Loyal Christian Benefit Association: Plans A, F, G, N
877-844-7217; www.lcbalife.org

Madison National Life Insurance Company: Plans A, B, F, G, K, N
800-356-9601; www.madisonlife.com

Massachusetts Mutual Life Insurance Company (65935): Plans A, F, G, N
855-229-3789; www.massmutual.com

The Manhattan Life Insurance Company: Plans A, C, F, G, N
800-877-7703; www.familylifeins.com

Marquette National Life Insurance Company: Plans A, D, F, G, N;
Select Plans D, F, G, N
954-354-8647; www.medicaresupplementspecialists.com/marquette-national-life.html

Medico Corp Life Insurance Company: Plans A, F, HdF, G, N
800-822-9993; www.gomedico.com

Medico Life and Health Insurance Company: Plans A, F, HdF, G, N
800-547-2401, Option 3; www.gomedico.com

Omaha Insurance Company: Plans A, F, HdF, G, N
877-230-9529; www.mutualofomaha.com/medicare-supplement-insurance/

Order of United Commercial Travelers of America: Plans A, B, C, D, F, G, N
800-848-0123; www.uct.org

Philadelphia American Life Insurance Company: Plans A, F, HdF, G, N
800-552-7879; www.neweralife.com

Physicians Mutual Insurance Company: Plans A, D, F, HdF, G, N;
Innovative Benefit Rider Plan HdF
800-228-9100; www.physiciansmutual.com

Puritan Life Insurance Company: Plans A, F, G, N
855-323-9714; <http://www.puritanlife.com/>

Renaissance Life & Health Insurance Company of America: Plans A, F, G, N
844-202-4150; www.renaissancefamily.com/medsup

Reserve National Insurance Company: Plans A, C, F, HdF, G, N
800-654-9106; www.reservenational.com

Shenandoah Life Insurance Company: Plans A, F, G, N
855-406-9085

Standard Life and Accident Insurance Company: Plans A, B, C, D, F, HdF, G, N;
Innovative Benefit Plan HdF
888-350-1488; www.slaico.com

Standard Life and Casualty Insurance Company: Plans A, F, G, N
855-406-9081; www.slacins.com

Standard Security Life Insurance Company of New York: Plans A, B, F, G, K, N
866-746-6610

State Farm Mutual Automobile Insurance Company: Plans A, C, F
800-782-8332; www.statefarm.com

State Mutual Insurance Company: Plans A, B, C, D, F, HdF, G, M, N
888-764-1936; www.statemutualinsurance.com

Thrivent Financial for Lutherans: Plans A, F, G, N
800-847-4836; www.thrivent.com

Transamerica Life Insurance Company: Plans A, B, C, D, F, G, K, L, M, N;
Association Plans, A, B, C, D, F, G, K, L, M, N
800-752-9797; www.transamerica.com

Unified Life Insurance Company: Plans A, G, F, HdF, N
877-807-2143

United American Insurance Company: Plans A, B, C, D, F, HdF, G, N
972-529-5085; www.unitedamerican.com

UnitedHealthcare Insurance Company: AARP Plans A, B, C, F, G, K, L, N; AARP Select Plans C, F
888-378-0254; www.uhcmedicareolutions.com

United of Omaha Life Insurance Company: Plans A, F, G, M
800-667-2937; www.mutualofomaha.com

USAA Life Insurance Company: Plans A, F, N
800-515-8687; www.usaa.com

Western United Life Assurance Company: Plans A, C, G, N
800-866-3400 or 800-369-3600; www.wula.com

DOI Mission Statement

We promote sound, competitive insurance markets; protect the public through effective enforcement and regulation; and empower the public through outreach and education.

FIGHT FAKE INSURANCE
STOP. CALL. CONFIRM.

Kentucky Department of Insurance

215 W. Main Street

P.O. Box 517

Frankfort, Kentucky 40602-0517

502-564-3630

800-595-6053 (KY only)

800-648-6056 TDD (Deaf/Hard-of-Hearing)

<http://insurance.ky.gov/>

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